Franklin County Area Tax Bureau

443 Stanley Ave • Chambersburg PA 17201-3600

REQUEST FOR LOCAL SERVICES TAX (LST) REFUND

(Complete Non-Shaded Areas Below, Attach Documentation, Then Sign and Date)

Soc. Sec. No:		Tax Year:		Refund Reason (Check One)		
Name:					Duplicate Payment(s)	**Attach pay stubs or receipts**
Address:					Income Less Than $12,000.00	**Attach Copy of Local Tax Return ***
					Other Reason:	

* Different guidelines may have applied to refund eligibility for years prior to 2010.
Contact Tax Bureau with questions concerning prior year refunds.

Deductions: (Attach documentation deduction(s) of LST)

	Employer Name * Put a "P" for Primary Employer(s) →	*	Deduction Date	Political Subdivision Where Employed	Amount Deducted	Allocation Upon Receipt			
1									
2									
3									
4									
5									
A	Total Deductions & Allocation:								

I certify that the above information is true and accurate to the best of my knowledge:

Taxpayer's Signature _____ Phone _____ Date _____

**** TAX BUREAU USE ****

Liability:

	Employer	PSD	Amount Due	Correct Allocation			
B	Total Correct Liability and Allocation:						

Overpaid:

* An amount in "Other" must be claimed from the tax office where it was paid	Amount Overpaid	Overpayment Allocation			
Subtract (B) Amount Totals From (A) Amount Totals:					

Tax Year	Vendor Code	Refund Amount	PSD Code	Comments: